

Arkansas Medicaid Emergency Room Visits



EXPLANATION	SERVICE	HOSPITAL BILLS:	MEDICAID PAYS:	PHYSICIAN BILLS:	MEDICAID PAYS:
REFERRAL NOT REQUIRED	Assess and screen (1) <i>Note: You cannot bill if any form of treatment has already been provided</i>	451	\$15.00 plus ancillary charges	T1015 (3)	\$24.20
REFERRAL REQUIRED	→ Non-emergency (2)	459	\$12.00 plus ancillary charges No drugs or supplies	T1015 (3) Modifier U1	\$31.90
REFERRAL NOT REQUIRED	→ Emergency (1)	450	\$51.00 plus ancillary charges	99281	\$22.00
		622	Supplies	99282	\$35.00
		250	Drugs and supplies paid	99283	\$53.90
				99284	\$71.50
				99285	\$83.75

NOTES:

- Section 272.130 hospital manual: Patients under age 21 are not limited to 12 visits.
- You cannot bill a combination of codes 450, 451 or 459. Bill only the appropriate code.
- Outpatient Hospital PCP Enrollment fee — 960.
- No limit on ancillary professional component.

- (1) Does not count as one of 12 visits for patients over age 21
- (2) Counts as one of 12 visits
- (3) Physician Type of Service 1